

The emotional reactions of children from age two to fourteen, after they experience an earthquake

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Abstract

The purpose of this study is to describe the emotional reactions of children from age two to fourteen, after they experience an earthquake.

Earthquakes are strong shakings that can cause big damages by destroying a child's environment, school or home. It can also cause the loss of their family members. After an earthquake or any other type of natural disaster happens, a lot of emotional and behavior changes in children are reported.

The purpose of this study is to explore how children of different age groups experience the occurrence of a natural disaster (The 6.4 magnitude earthquake that occurred on November 2019 in Albania).

A total of 100 children participated in this study. 30% of them belong to the age group of 6-12, 35% belong to the age group 2-4 and the other 35% belong to the age group of 4-6.

The conclusions showed that different age groups had different reactions of the earthquake.

Keywords: Earthquake; Emotional reaction; Anxiety; Somatic markers

1. Introduction

1.1. Psychological and emotional effects after experiencing an earthquake

Earthquakes are disasters that cause a lot of damages. Children are the most endangered category for the way how they handle the consequences of an earthquake. The need to report and asking for professional help can be considered more and more these days as an immediate need.

2. Material and methods

The purpose of this study is to explore how children of different age groups experience the occurrence of a natural disaster (The 6.4 magnitude earthquake that occurred on November 2019 in Albania). The study lasted 8 months. Mental health and earthquake exposure assessments were administered approximately 3 months after the earthquake had occurred. Children that participated in the study were based in Tirana, Durrës, Kruja, Fushe Kruja. In order to evaluate the emotional and cognitive changes, the milestone checklist for children of age 2 to 6, the state-trait anxiety inventory (STAI) for children of age 6-12 and the Sustainable Development Goals were taken into consideration.

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Children who resulted in significant cognitive and emotional changes were referred for infant psychiatric evaluation. Also, children aged 6-12 who reported high levels of anxiety were referred for ongoing treatment.

3. Results

The study involved 100 children, 30 in the age group of 6-12 years and 35 other children 2- 4 and 35 of them 4-6 years. Among the results that were observed in children aged 2-4 years, 34% had cognitive changes.

Encountered difficulty in accomplishing such cognitive tasks:

- Concentrating
- Copy adults or other children
- Losing skills such as naming objects
- Aggressive behaviors
- High level of insecurities
- High dependence on the mother. (parents who were part of the study reported that their children developed fears of animals or events that were not present before).
- Appetite problems
- Lower tolerance in stressful situations
- Sleeping problems / nightmares
- Crying for no reason

3.1. Children of age 4-6 (41%)

- Not wanting to be alone
- Getting irritated easily
- Confusion
- Uncontrollable anger
- Loss of appetite
- Excessively concerned
- Ongoing feeling of fear
- Inability to fall asleep

3.2. Children of age 6-12 (58%)

- Bad concentration
- Feeling of despair
- Difficulty in embracing themselves in awkward situation
- Stomach ache
- Getting concerned about parents' health
- Difficulty in facing problems
- Palms are sweaty
- Worrying about things that may happen in the future
- Headache
- Confusion

4. Discussion

A significant percentage of children (about 20%) who experienced the earthquake showed somatic complaints and concerns, that hindered the daily life of children including social and academic activities.

Somatic studies have shown that stress and traumatic events can affect children's emotional well-being, causing numerous somatic complaints. (Garber,1991). The most frequent complaints were headaches (about 31%), 23% reported stomachache. 12% reported vomiting, approximately 11% muscle pain and 16% abdominal discomfort. Somatization is defined as the tendency to experience and communicate physical disturbances of unknown origin, the symptoms of which are attributed to a physical illness, and require medical attention. (Lipowski,1998) However

somatization can be defined in a number of ways, most commonly the term somatization is used as a descriptive term, when physical symptoms are experienced by the individual, but a medical assessment does not indicate the presence of a physical pathology (Campo & Fritsch, 1994). Often in the literature related to childhood, somatization is defined by the presence of frequent physical complaints, such as headache, abdominal pain or abdominal discomfort, musculoskeletal pain, vomiting, dizziness, chest pain, or fatigue. These symptoms can be experienced alone or together.

4.1. There are three characteristics of somatization:

- It is subjective and has an inexplicable medical nature;
- It has physical manifestation;
- Its presence results in deterioration of functioning.

Because of the physical nature that the symptoms themselves have, children are often seen from a pediatric perspective.

Common somatic complaints in children who have experienced an earthquake include: headache, stomachache, fatigue. Addressing these complicated child health issues requires clear identification, appropriate referral, and individualized treatment plans.

Somatization in children consists of experiencing somatic distress and cannot be fully explained by a medical diagnosis. Somatic symptoms in children with somatization disorder become the focus of their attention and often interfere with school, home life, and peer relationships. Somatization disorder typically comes after experiencing a psychological stressor. It often occurs in response to psychological stress, and usually persists even after the acute stressor is gone, leading to a state where both the child and the family believe the medical problem has not yet been found. Thus, patients and families can continue to search for the correct medical diagnosis. The literature on the mental effects of trauma focuses on post-traumatic stress. Childhood trauma often leads to somatization symptoms which are related to a range of symptoms which do not have a medical explanation including chronic pain, headache, gastrointestinal symptoms, and musculoskeletal symptoms.

4.2. What are the predisposing factors for some children to experience an earthquake more strongly?

Children who indicate more psychological effects such as anxiety or somatic symptoms after an earthquake have been described as more obsessive, sensitive, insecure, and anxious. (Garralda, 1996; Kowal & Pritchard, 1990). Children characterized by a more difficult temperament have been shown to exhibit more somatizing effects in the face of daily stressors (Walker, Garber, Smith, Van Slyke, & Claar, 2001). These findings may also be due to the difficulty in controlling emotions e.g. children who have a negative emotionality are more predisposed to perceive emotional events -- especially negative ones (stressors). (Calkins, 1994).

5. Conclusion

These findings underline the fact that children are the most endangered category for the way how they handle the consequences of an earthquake. Loss of control over the terror brought on by exposure to unpredictable and uncontrollable earthquakes appears to be a mediator of traumatic stress. Typically, a psychological stressor is followed by somatization disorder.

Compliance with ethical standards

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Disclosure of conflict of interest

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version. Additionally, there are no conflicts of interest in connection with this paper, and the material described is not under publication or consideration for publication elsewhere

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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